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Abstract 487

TITLE: Crack Use in Clients of an HIV Prevention Program at a Soup Kitchen in New York Caloir, S¹; Torian, LV¹; Gordon, C¹; Aponte, CG¹; Bartholow, KK²; Thomas, CW²; Wright DeAguero, L² (¹New York City Department of Health; ²Centers for Disease Control and Prevention)

BACKGROUND/OBJECTIVE: Crack use has been associated with high HIV seroprevalence and incidence, especially in inner-city neighborhoods in New York City. We describe characteristics of crack users enrolled in the Bridge to Respect (BTR), an HIV prevention case management program run by the New York City Department of Health (DOH) at a soup kitchen. METHODS: Between June 10, 1998, and January 31, 1999, 156 participants were enrolled in the BTR. Baseline data from the program intake instrument were used to compare crack users (CU) and non-crack users (NCU) with respect to demographic variables, social indicators, and behavioral risk.

RESULTS: The sample was 41% female, 16% Hispanic and 83% black. The mean age was 40 (SD = 8.6). Eighty-eight (57%) did not complete high school. Ninety-one (58%) reported crack use in the last 3 months. There were no significant differences between CU and NCU with respect to age, gender, race, education, social support, depression, or history of rape. However, CU were more likely to have lived in a shelter (20% vs. 5%, p<.01) or in the streets (29% vs. 9%, p<.01), and to have a history of arrest (33% vs. 11%, p < .01). More CU reported a history of syphilis (30% vs. 6%, p < .01) and gonorrhea (28% vs. 14%, p < .05). Of those who knew their HIV serostatus, more CU reported being positive (27% vs. 11%, p < .05). Furthermore, more female CU than female NCU reported a positive HIV test (40% vs. 11%, p < .05). CU were more likely to have multiple sex partners (54% vs. 22%, p < .01) than NCU, and among females, more CU reported multiple sex partners than NCU (46% vs. 8%, p = .001). Among CU, however, women and men were equally likely to report multiple sex partners. Although CU and NCU were equally likely to have a main sex partner (MSP)(61%), more CU "always" used a condom with MSP (31% vs. 8%, p < .01) and more CU who knew they were positive reported "always" using a condom with MSP (70% vs. 25%, p< .05). CU were more likely to report giving money or drugs for sex (23% vs. 8%, p = .01), and receiving money or drugs for sex (18% vs. 2%, p < .01). CU and NCU reported equivalent use of heroin (22%), "problem" alcohol (40%), and history of injection (26%).

CONCLUSIONS: Despite reports of diminishing crack activity in New York City, more than half of BTR participants reported crack use in the last 3 months. CU were more likely to report a history of STD, to be HIV positive, to exchange sex, and not to use condoms consistently with paying partners. CU were more likely to use condoms every time with MSP, especially if they were HIV positive. However, the majority (59%) still did not use a condom every time. BTR clients who use crack, particularly female users, are at risk for HIV and may benefit from an HIV CT prevention intervention that specifically addresses the increased risks associated with crack use.

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